


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90126 042 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # M02000002685</b> 1. Entity Name <b>DEVCON FORT PIERCE LLC</b>	
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Principal Place of Business <b>433 SOUTH MAIN STREET, SUITE 300 WEST HARTFORD, CT 06110</b>	Mailing Address <b>433 SOUTH MAIN STREET, SUITE 300 WEST HARTFORD, CT 06110</b>
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**DO NOT WRITE IN THIS SPACE**

24063253



03162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>51-0422618</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FARRELL, RICKEY L ESQ.  
1595 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Charles P. Labonte* DATE: 4/9/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Labonte Family Dynasty Trust Dated 9/12/03, M.P. Labonte Trustee 195 Regatta Drive Jupiter, FL 33477-4012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Charles P. Labonte* DATE: 4/9/04 DAYTIME PHONE: 561.744.3341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE